

(July 1, 2006 – June 30, 2007)
NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

E-Mail:

Need(s): _____ Estimated Costs: _____

Well(s)	\$
Water Storage Tank	\$
Water Mains	\$
Pump Station	\$
Water Treatment	\$
Water Meters	\$
Other(s), Contingencies, Engineering, Legal, Administrative, Expenses, etc.	\$
Total Estimated Costs (Owner/Owners' representative)	\$

<i>Total Estimated Land Costs</i>	\$	<i>Acres #</i>
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If yes, date of report



3. Please provide a brief description of the system's drinking water regulatory compliance issues/concerns or water quality concerns in general:

(attach additional sheets as needed)

4. Please provide a brief description of other drinking water needs such as water operator and/or Board (Owner) training or informational meetings, long term/short term future water service demands, water rate studies, etc.:

(attach additional sheets as needed)

5. Does your water system currently have user water service meters?

Yes

No

6. Does your water system have a water meter rate structure?

Yes

No

7. If your system is a community water system privately or publicly owned, or a nonprofit, non-community water system; please complete the following:

➡ Do you want the project(s) indicated on Page 1 to be listed on the Project Priority List in the DWSRF² IUP³ for SFY¹ 2007?

Yes

No

To be on the SFY 2007 Project Priority List /IUP for the DWSRF, this questionnaire must be returned to this Department by December 31, 2005. Your project must be listed on the upcoming Priority List/IUP to be considered for funding through DWSRF. If an emergency situation arises for an eligible PWS after December 31, 2005, then the Department will include such system project(s) for SFY Priority List/IUP for the DWSRF.

By signing this survey, we do not imply that we are making any commitment to construction of the project(s) listed above, nor that we would be seeking loans from the DWSRF program in SFY 2007.

Signature

Date

If you have any questions, please contact Larry D. Steele at (402) 471-0513. Please return the completed needs survey to the address below by the **deadline of December 31, 2005**.

HHS – Regulation and Licensure
Environmental Health Services Section
Attn: Larry D. Steele
301 Centennial Mall South
P O Box 95007
Lincoln, NE 68509-5007

Phone: (402) 471-0513
Fax: (402)471-6436
Email: larry.steele@hhs.ne.gov

This form can be down-loaded from the web at: www.hhs.state.ne.us/enh/NeedsSurveyForm.pdf

¹State Fiscal Year, ²Drinking Water State Revolving Fund, ³Intended Use Plan